



DEPARTMENT OF EARLY EDUCATION AND CARE

Professional Qualification Certification Application Out of State and International

*Contact EEC at
(617)988-6600
ask for the
Professional Qualification Unit or email EEC at
eecprofdev@mass.gov*

*Early Education and Care
Application Revised: June 2021*

PROFESSIONAL QUALIFICATION CERTIFICATION OUT OF STATE AND INTERNATIONAL APPLICATION PACKET

Introduction

Who Can Apply?

You must be working or have a pending job in an early education and care program in Massachusetts. Applications will only be processed for someone who falls into one of the following categories:

- Massachusetts residents looking to be educators for early education programs in Massachusetts and has obtained coursework outside of the Massachusetts and/or the United States and Territories.
- Out of State Applicants who have a job pending within Massachusetts or planning to move to the state. Please provide verification of pending job or Massachusetts residency verification.

Required Documents for Certifications

- ☐ Applicants must complete this EEC Educator Qualification Certification application for Certification (page 3)
- ☐ Submit completed application with the required supporting documentation, which may include any (or all) of the following:
 - Copy of Official college transcript or e-transcript with the authentication page attached.
 - Copy of High School Diploma or G.E.D. if applying for teacher position or if applicant is under 21 years of age
 - Copy of degree if not on official transcript.
 - Work Experience Verification Form(s) verifying work experience(s) by an EEC Certified Director, or Equivalent. Applicants cannot verify their own experience or alter the signed forms.
 - Copy of License if you hold a PreK-Grade 2 or PreK- Grade 3 Licensure from the MA Department of Elementary and Secondary Education (DESE).
 - Copy of original Child Development Associate (CDA) from the National Council for Professional Recognition or Early Intervention Specialist Certificate (MA DPH).
 - The Montessori Certificate can be a copy as long it is accompanied by copy of the official letter from the MACTE affiliate program and official transcript.
 - Copies of original training certificates from an EEC approved organization that indicate that the training is approved for CEUs.
 - Massachusetts does not accept Teacher certifications and/or Teaching Licenses from another state or country.

- If the college transcript, from an accredited college or University, is from a **foreign country**, please submit the copy of **original** transcript and copy of the diploma along with a copy of an **original** evaluation from an agency that provides foreign credential evaluation services and translates it into English.
 - The evaluation must be reviewed **course-by-course** if the coursework is Early Childhood or Education related.
 - A general evaluation can be submitted if the degree is unrelated.

Examples of Agencies that provide these services:

Educational Credential
Evaluators, Inc.
P.O. Box 514070
Milwaukee WI 53202-3470
(414)289-3400
www.ece.org

Evaluation Service, Inc.
333 W. North Avenue, #284
Chicago, IL 60610
(847) 477-8569
www.evaluationservice.net

Center for Educational
Documentation
P.O. Box 170116
Boston, MA 02117
(617) 338-7171
www.cedevaluations.com

NOTE: EEC does not recommend or endorse any of these services but is providing contact information for them as a convenience for applicants. Applicants should also be aware that there are costs associated with evaluation and translation services.

Email Application to EEC in a PDF Format to:
EECPROFDEV@mass.gov

For processing, subject line must include:
Submission of EEC Application for Certification

Applicants that are missing documentation or do not meet any of the EEC qualification criteria will be returned via email with a notice of explanation and follow-up.

For Questions, contact EEC at:
Phone: (617)988-6600 (ask for the Professional Qualification Unit)
Email: EECPROFDEV@mass.gov

Application for Professional Qualification Certification

Please complete this entire application and attach all supporting documentation.

Incomplete applications or those missing necessary documentation will be returned to you for resubmission with requested materials.

EDUCATOR QUALIFICATIONS (check all that apply)

- ☐ Associates, Bachelor's, or Advanced Degree in Early Childhood Education (ECE) or Related Degree
- ☐ Unrelated Degree or Non Degree
- ☐ Certificate Program (Montessori, Child Development Associate (CDA), DESE, DPH EI)

Name: _____
First Name Middle Name Last Name

Maiden Name (if applicable): _____ Date of Birth: __/__/__
(DOB required)

Last four digits of your Social Security #: XXX-XX-__ __ __ __ Email: _____
(Last four digits of SSI# required)

Home Address: _____
Street Apt. #

City/Town State Zip Code

Home Phone: (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Mailing Address (if different from home address) _____
Street Apt. #

City/Town State Zip Code

EEC Certification Level Seeking _____

APPLICATION AFFIDAVIT

I attest, to the best of my knowledge, that all information contained herein is true and accurate.

Applicant Signature: _____ Date _____

EEC VERIFICATION OF PRACTICUM/WORK EXPERIENCE

To Be Completed by Employer in Licensed Center Based Child Care within the United States

To be certified by Center Director, applicants must have verification of experience caring for children under age 7 (not yet enrolled in first grade) or children with special needs under age 16.

Center Name (where experience was gained) (Please include State/County License #)

Center Address

Applicant Name

Applicant Address

Please copy this form to complete a separate sheet if the dates are different for each position held.

Position: _____

Check applicable age group/s:

- ☐ Infant/Toddler (Ages 0 months to age 2.9)
☐ Preschool (Age 2.9 to age 5)
☐ Mixed Toddler/Preschool
(Age 15 months to age 5)

- ☐ Preschool/School Age (Age 2.9 to age 6)
☐ Special Needs? If yes, list Ages _____

Check work experience type

- ☐ General work experience
☐ Practicum through accredited College or University (Credit for the practicum must be verified by the official transcript **and** this form signed by the college supervisor).

Indicate dates worked:

From: Mo/Day/Year to: Mo/Day/Year
____/____/____ ____/____/____

Indicate total hours of work experience:

(Required)

Circle one type of year:

- ☐ Full year (January through December) ☐ School year (September through June)

Note: This form cannot be completed by Human Resource Department. EEC will verify all out of state work experience. *Work experience outside of United States is currently not acceptable.*

I attest that the above information is, to the best of my knowledge, true and accurate.

Printed Name: _____ Signature: _____

Date: _____ Title: _____ Telephone: _____

Email address: _____